

Application for Membership

Membership with Holstein Canada, and its respective branch, extends for 12 months from the date of receipt by Holstein Canada. (automatically renewed annually)

Membership Name

Your membership name cannot exceed 40 characters in length, including spaces, hyphens, and apostrophes. It is recommended you use a farm name (i.e. ABC Holsteins, rather than John and Jane Smith), to avoid the necessity of a herd transfer, should a change in partnership occur.

print the ownership name as you wish it to appear on Certificates of Registry

Mailing Address

c/o Name _____

Address _____

Town _____ Prov. _____ Postal Code _____

County _____ Township _____

Lot _____ Conc. _____ Local Holstein Club _____

Telephone: Home (_____) - _____ - _____ Farm (_____) - _____ - _____

Alternate (_____) - _____ - _____ Fax (_____) - _____ - _____

E-mail _____

Directions to farm _____

Prefix

Your prefix will be used as the first name of all calves registered by you as the breeder. A prefix (one word preferred) must not exceed 15 characters in length, including spaces, hyphens, and apostrophes.

1. _____ 2. _____ 3. _____

Junior Membership (12 to 21 years of age)

Complete the following declaration and **attach a copy of your birth certificate.**

I declare I am 12 to 21 years of age and acknowledge that Junior Membership becomes void following the membership anniversary date following my 21st birthday.

Date of birth _____ Signature _____

Partner (ownership rights)

As a partner, the following individual(s) is acknowledged to be a part owner of Holstein animals registered in said membership name and may sign all applications for registry and transfer, or any papers pertaining to Holstein animals appearing in this name.

Signing Authority

As signing authority only, the individual(s) listed below may sign all applications for registry and transfer, or any papers pertaining to Holstein animals appearing in said membership name. *(Signing authority does not imply partnership/ownership rights)*

Name (please print)	Signature	Partner	Signing Authority Only
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I agree to abide by the By-laws of the Association and any amendments thereto.

I agree to keep complete, accurate, and consecutive records of all dates of service with positive identification of females bred and the sire used, and of all dates of calving with the tag number and sex of calf.

I acknowledge the Association has the right to inspect such herd records at any time.

I agree to notify the Association within 30 days of any changes in the above information.

Applicant's Signature _____ Date _____

Did a field representative visit you? yes no

Was a new member kit left at your farm? yes no

On-Farm Accreditation

If storing semen/embryos on your premises, please complete this section.

Description of Proposed Activities:	On-farm storage and insemination with semen	<input type="checkbox"/> yes	<input type="checkbox"/> no
	On-farm storage and transplanting of embryos	<input type="checkbox"/> yes	<input type="checkbox"/> no

Breeds housed on premise(s) for which accreditation applies

Ayrshire Brown Swiss Canadian Guernsey Holstein Jersey Milking Shorthorn

In order to become a new member of Holstein Canada, payment is required with this application. A cheque or money order is enclosed in the full amount of \$_____. In future, you may submit work and pay by invoice or monthly statement if you open an account with Holstein Canada by signing the application for credit below.

Application for Credit

I understand and hereby certify the information on this form to be true. I authorize Holstein Canada or its agent to make the necessary inquiries from any source to verify my credit history.

Signature _____ Date _____